MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/532042 APPLICANT(S)

FILING DATE

4-21-04

CLAIMS

	AC EIV ED		AFTER		AFTER		LATIVIS	AS FILED		AFTER		AF	TER
	AS FILED		1" AMENDMENT		2 [™] AMENDMENT		•					2 - AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DE
$\frac{1}{2}$	ļ	 					51 52	}					 -
3			 	<u> </u>			53	-					
4							54						ļ
5							55						
7							56						
8			- , -	J			57 58						
9	-		-				59						
10							60						
11	ļ			1			61						
12 13							62						
14			1				64						
15			j				65						-
16				, İ			66						
17				<u> </u>			67						
18 19			 				68						
20				, 			70						
21				j			71						
22							72						
23				1	ŀ		73						
24 25							74 75						
26				' 			76						
27				Ì			77						
28				1			78						
29							79						
30 31							80 81						
32						i	82						
33							83						
34							84						
35							85						
36 37							86	_		-			
38		•					88						
39							89						
40		I					90						
41							91						
42	-						93	-		-+		-	
44							94						
45							95						
46							96						
47							97 98						
48							98						
50							100						
TAL IND.		+	9	#		#	TOTAL IND.		+		#		+
TAL DEP	•	-	19	(-		←	TOTAL DEP.	,	(-	•	-		←
TOTAL CLAIMS			28				TOTAL CLAIMS						
TO - 1360 (1	REV. 11/04)								S. DEPARTA				